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CONFIRMATION NO. 3682

<b>SERIAL NUMBER</b> 10/531,801	<b>FILING OR 371(c) DATE</b> 04/18/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> PA/4-32730A
<b>APPLICANTS</b> Margaret Hopwood, Parsippany, NJ; Donald Manning, Bloomsbury, NJ;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/11555 10/17/2003				
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0224199.0 10/17/2002 UNITED KINGDOM 0224200.6 10/17/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 12
<b>INDEPENDENT CLAIMS</b> 6				
<b>ADDRESS</b> 1095				
<b>TITLE</b> Pharmaceutical composition for treating pain comprising oxycarbazepine, or derivatives thereof, and cox2 inhibitors				
<b>FILING FEE RECEIVED</b> 1500	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	